



# APPLICATION FOR REVISED OR DUPLICATE NOTARY COMMISSION

To be used in the case of name change, change of county or when original commission is misplaced.

State Form 28801 (R3 / 6-96)

Approved by State Board of Accounts, 1989

Please Print or Type

**INSTRUCTIONS:** Complete this form when appropriate and send with \$5.00 payable to Secretary of State in the form of a check or money order (do not send currency in the mail). Mail to Secretary of State, Notary Department, Room 201, State House, Indianapolis, Indiana 46204.

Original commission number		Date of expiration (month and day) _____, 19____	
Name in which present commission was issued			
Name in which revised commission is to be issued			
County of residence of present commission			
County of residence to be on revised commission			
New residence address (street)		City	ZIP code
New home telephone number			
Signature (sign name as it will appear on revised or duplicate commission)		New business telephone number	

STATE OF INDIANA

COUNTY OF \_\_\_\_\_

County in which acknowledgement is being executed

} SS:

Before me the undersigned, an officer authorized to take acknowledgements (*Notary Public, Clerk of the Circuit Court, etc.*) personally appeared \_\_\_\_\_ and acknowledged the execution of this instrument

Name of person

this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

IN TESTIMONY WHEREOF, I \_\_\_\_\_, have hereunto set my hand and official

Printed or typed name of officer

seal, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_, a \_\_\_\_\_ for

Signature of Notary Public or other authorized officer

Type of office

the County of \_\_\_\_\_.

Officer's county of residence

My commission expires \_\_\_\_\_, 19\_\_\_\_.